IDEM Customer Data Form

Instructions: In order to process your Voluntary Remediation Agreement (VRA), you must provide the information requested below and include this form with your VRA packet.

"Bill To" : Indicate the specific person IDEM is to send payment requests to and will serve as the billing contact.

"Remit From" : Indicate who the payment is going to come from as IDEM recognizes payment may come from a person or entity other than who the bill was sent to.

~ PLEASE PRINT LEGIBLY ~

Thank you

	"BILL TO" Information	"REMIT FROM" Information
COMPANY NAME:	AIMCO Michigan Meadows Holdings LLC	AIMCO Michigan Meadows Holdings LLC
FEDERAL TAX I.D. # EIN (Preferred) or SSN		
ADDRESS: (line 1)	4582 South Ulster Street Pkwy, Suite 1100	4582 South Ulster Street Pkwy, Suite 1100
(line 2)		
(line 3)		
CITY:	Denver	Denver
STATE:	CO	CO
ZIP:	8 0 2 3 7	8 0 2 3 7
CORRESPONDENT'S NAME:	Stephen Evanoff	Stephen Evanoff
PHONE#	3 0 3 - 6 9 1 - 4 5 6 0 (area code)	3 0 3 - 6 9 1 - 4 5 6 0 (area code)
FAX#	7 2 0 - 2 0 0 - 6 8 8 0 (area code)	7 2 0 - 2 0 0 - 6 8 8 0 (area code)